



# APPLICATION FOR BASIC LIFE SUPPORT TESTING

NORTH DAKOTA DEPARTMENT OF HEALTH  
DIVISION OF EMERGENCY MEDICAL SERVICES  
SFN 58200 (2/06)



## PLEASE PRINT

Name	Course Number
Address	
City, State, Zip Code	
ND State ID Number	Home Telephone Number

## PLEASE PLACE AN "X" IN ALL APPROPRIATE BOXES ON THE FORM!

- ☐ WRITTEN LOCATION: \_\_\_\_\_ Date \_\_\_\_\_  
**Note:** Please bring National Registry Written Application and Fees directly to the Written Test Site. **DO NOT SEND** the Registry application to our office. **A Money Order made payable to NREMT of \$20 is required with application.**
- ☐ FULL INITIAL PRACTICAL: Anytime all skills are needed (Bismarck site only).
- ☐ FULL RETEST PRACTICAL: Anytime all skills need retesting or if you have attended an out-of-state program. (Bismarck)
- ☐ RETEST PRACTICAL: Anytime three or less stations are needed. (Bismarck)

### For retest practical please indicate stations needed:

- |   |   |
|---|---|
| <input type="checkbox"/> Trauma Pt Assessment | <input type="checkbox"/> Medical Pt Assessment        |
| <input type="checkbox"/> Cardiac Arrest/AED   | <input type="checkbox"/> Spinal Immobilization-Seated |
| <input type="checkbox"/> BVM Apneic Patient   | <input type="checkbox"/> Random Skill _____           |

Test Date Requested \_\_\_\_\_

## INDICATE ITEMS THAT ARE ENCLOSED

- ☐ \* Full Practical Fee of \$75.00 check or Money Order Payable to **ND EMS ASSOCIATION**  
**THIS IS NON-REFUNDABLE (ND Programs)** This reduced fee is made possible through an EMS grant program with the ND Department of Health Division of Emergency Medical Services. To qualify for this rate you must be in the initial test phase and graduate from a North Dakota program.
- ☐ Full Practical Fee of \$100.00 check or Money Order Payable to **ND EMS ASSOCIATION**  
**THIS IS NON-REFUNDABLE (Out of State Programs or Retest of Complete Practical)**
- ☐ Retest Practical Fee of \$20.00 per station check or Money Order Payable to **ND EMS ASSOCIATION**  
**THIS IS NON-REFUNDABLE**

**PLEASE RETURN THIS FORM AND PRACTICAL TEST FEES TO THE ADDRESS BELOW.**  
**Application and Fees MUST be received by DEMS prior to the deadline date and time.**

North Dakota Department of Health  
Division of Emergency Medical Services  
600 E Boulevard Ave – Dept 301  
Bismarck ND 58505-0200

### Privacy Act Notification

Your social security number is requested to permit the North Dakota Department of Health to verify national registration and to properly conduct a background investigation pursuant to N.D.A.C. section 33-36-01-05 before issuing a certification. Disclosure of your social security number is voluntary. However, not providing this information may result in delay of issuance of a certification due to misidentification or criminal records check requirements of state, local or federal agencies, or identification requirements of the National Registry of Emergency Medical Technicians.